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, w ,			Application Number	09/505,91	3		
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N. C.	FORM		Art Unit	Ronald A. 2614	Katz		· · · · · · · · · · · · · · · · · · ·
•			Examiner Name	Woo, Stel	la		
	r all correspondence after init	ial filing)	Attorney Docket Number				
Total Number of	of Pages in This Submission			0040-1011			
		ENC	LOSURES (Check a	ill that apply	v)		
Fee Tran	smittal Form		Drawing(s)			After A	Allowance Communication
<b>√</b> F	ee Attached		Licensing-related Papers				Il Communication to Board reals and Interferences
Amendm	ent/Reply		Petition				Il Communication to TC
	after Final		Petition to Convert to a Provisional Application				etary Information
			Power of Attorney, Revocation			_	Letter
			Change of Correspondence Address  Terminal Disclaimer				Enclosure(s) (please Ident
Express	Abandonment Request		Request for Refund				
Informati	on Disclosure Statement		CD, Number of CD(s)				
			Landscape Table on (	CD			
Certified Documer	Copy of Priority	Remar	rks				
Incomple	Missing Parts/ ete Application Reply to Missing Parts nder 37 CFR 1.52 or 1.53	3					
	SIGN	ATURE C	F APPLICANT, ATT	ORNEY, C	OR AGE	NT	······································
Firm Name	Berry & Associates P.C						
Signature	/Reena Kuyper/						
Printed name	Reena Kuyper					•	
Date	February 4, 2010 Reg. No. 33,8			33,830			
		CERTIFIC	CATE OF TRANSMIS	SION/MA	ILING		·

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name

PTO/SB/17 (10-08)

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\$^ <u>/</u>		Effectiv	/ <del>0</del> on 12/	<i>'08/2004</i>			
pursuant	to the	Effectiv Consolida	ited Appr	opriatior	ns Act, 2	005 (H.R.	. 4818)
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For FY 2009

Applicant claims small entity status. See 37 CFR 1.27						
TOTAL AMOUNT OF PAYMENT	(\$)	555				

Complete if Known					
Application Number	09/505,913				
Filing Date	February 17, 2000				
First Named Inventor	Ronald A. Katz				
Examiner Name	Woo, Stella				
Art Unit	2614				
Attorney Docket No.	6046-101D7				

METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 50-1636  Deposit Account Name: A2D, L.P.							
For the above-ident	tified deposit	account, the Direct	tor is hereb	y authorized to	o: (check all th	at apply)	
✓ Charge fee(s	s) indicated b	elow		Charç	ge fee(s) indic	ated below, exc	cept for the filing fee
Charge any	additional fee	e(s) or underpayme	ents of fee(s	3) Credi	it any overpay	ımante	•
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FEE CALCULATION							
1. BASIC FILING, SEA	RCH. AND	EXAMINATION	FEES			•	
	FILING	FEES	SEARCH			TION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	330	165	540	Fee (\$)	220	Fee (\$)	10001 414 (4)
•				270		110	
Design	220	110	100	50	140	70	
Plant	<b>220</b> .	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
	2. EXCESS CLAIM FEES Small Entity						
Fee Description							
Each claim over 20 (including Reissues) 52 26							
Each independent claim over 3 (including Reissues)  220 110							
Multiple dependent claims 390 195 <u>Total Claims</u> Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							
- 20 or HP =		ms <u>Fee (\$)</u>	=	alu (ə)		Fee (\$)	Fee Paid (\$)
HP = highest number of tota		or, if greater than 20				100 (4)	1001 010 141
Indep. Claims	Extra Clair		Fee Pa	<u>aid (\$)</u>			
-3 or HP = x =							
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> - 100 =	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
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4. OTHER FEE(S) Non-English Specific	ication, \$	130 fee (no smal	Il entity dis	scount)			Fees Paid (\$)
Other (e.g., late filing surcharge): Extension of Time (\$555) \$555							

SUBMITTED BY			
Signature	/Reena Kuyper/	Registration No. (Attorney/Agent) 33,830	Telephone (310) 247-2860
Name (Print/Type)	Reena Kuyper		Date February 4, 2010

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